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Urban District of Brentwood



Annual Report

of the

Medical Officer of Health

and the

Chief Public Health Inspector

for

1961

Urban District of Brentwood

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(2) Chairman of the Health and Sewerage Committee

(3) Vice-Chairman of the Health and Sewerage Committee

PUBLIC HEALTH DEPARTMENT STAFF
(as at 31.12.61)

Medical Officer of Health

Dr. Dilwyn T. Jones, B.Sc., M.B., B.Ch., D.C.H., D.P.H.

Deputy Medical Officer of Health

Dr. Mary Ransome, M.B., B.S., M.R.C.S., L.R.C.P.

Chief Public Health Inspector

P. T. Shelton, M.A.P.H.I., M.R.S.H., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works, Final Examination Chartered Auctioneers' and Estate Agents Institute.

Deputy Chief Public Health Inspector

E. A. Sheppard, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector, Royal Society of Health's Certificate in Sanitary Science as applied to Buildings and Public Works.

District Inspector:

J. K. Blakeley, M.A.P.H.I., C.R.San.I., Public Health Inspector, Meat and Food Inspector.

District Inspector:

D. H. Gilkes, M.A.P.H.I., Certificate of the Royal Society of Health, Meat and Food Inspector.

Clerk: Miss E. P. Turff

Part-time Clerk: Mrs. J. M. Smith

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH FOR THE YEAR 1961

To the Chairman and Members of the
Urban District Council of Brentwood.

Mr. Chairman, Ladies and Gentlemen,

I have much pleasure in presenting my Annual Report for 1961.

The narrative of my Report gives details of the state of the public health in Brentwood for the period under review. You will see that I have drawn attention to certain aspects of the work of my department which merit special mention. I must emphasise, however, that despite the increases in certain diseases in the district, Brentwood has a very high standard of health compared with the country as a whole.

On reading that part of the report which applies to the Infectious Diseases, you will realise that the work of the Public Health Department in this respect is running down. New fields are, however, opening up in preventive and social medicine, and an efficient Public Health Department, must be prepared and have sufficient facilities to carry out its new duties. Towards the end of 1961, I came to you with a problem which involved the staffing of my Department. This problem is still unsolved. I hope that shortly a decision will be reached in this matter, for only then shall we know whether or not my Department can live up to its new responsibilities.

My thanks are due to Mr. Shelton, the Council's Chief Public Health Inspector, and to all members of the departmental staff for their unstinting support during the year, and to yourselves for the help and encouragement which you have given me in the somewhat difficult task of settling in to a new appointment.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

DILWYN T. JONES.

Section A

STATISTICS AND SOCIAL CONDITIONS

Area in Acres	18,166
Estimated (mid-year) Resident Population (Registrar General's figures)	49,580
Rateable Value	£629,140
Sum represented by a Penny Rate	£2,666
Number of Inhabited Houses	14,645

VITAL STATISTICS

Live Births:	M.	F.	Total
Total Number of Births	457	430	887
Number of Legitimate Births	446	421	867
Legitimate Births (Percentage of total live births)			97.75%
Number of Illegitimate Births	11	9	20
Illegitimate Births (Percentage of total live births)			2.25%
Crude Birth Rate per 1,000 population			17.89
Area Comparability Factor			0.93
Corrected Birth Rate			16.64

	Brentwood		England & Wales	
	1960	1961	1960	1961
Live Birth Rate per 1,000 population	16.6	16.64	17.1	17.4
Illegitimate Births (Percentage of total Live Births)	3.66	2.25	5.4	5.9

Still Births:	M.	F.	Total
Number of Still Births	9	3	12
Legitimate	6	3	9
Illegitimate	3	—	3
Stillbirth Rate per 1,000 total Live and Still Births			13.3
Total Live and Still Births			899

	Brentwood		England & Wales	
	1960	1961	1960	1961
Stillbirth Rate per 1,000 total Live and Still Births	13.97	13.3	19.8	18.7

Deaths:	M.	F.	Total
Total Deaths	247	329	576
Crude Death Rate			11.6
Area Comparability Factor			0.88
Corrected Death Rate			10.2

	Brentwood		England & Wales	
	1960	1961	1960	1961
Death Rate per 1,000 population	9.30	10.2	11.5	12.0

Infant Mortality:

Infant Mortality Rate (total infant deaths per 1,000 total live births)	20.29
Legitimate Infant Mortality Rate (total legitimate infant deaths per 1,000 legitimate live births) ...	19.6
Illegitimate Infant Mortality Rate (total illegitimate infant deaths per 1,000 illegitimate live births)	50.0
Neo-natal Mortality Rate (deaths of infants under four weeks per 1,000 total live births)	12.4
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	11.27
Perinatal Mortality Rate (stillbirths and deaths under 1 week combined per 1,000 total live and stillbirths)	24.47

	Brentwood		England & Wales	
	1960	1961	1960	1961
Infant Mortality Rate	14.17	20.29	21.9	21.6
Illegitimate Infant Mortality Rate	Nil	50.0	Nil	25.0
Neo-natal Mortality Rate	8.26	12.4	15.6	15.5
Perinatal Mortality Rate	20.95	24.47	32.9	32.3

Maternal Mortality (including abortion):

Number of deaths due to pregnancy or confinement	Nil
Maternal Mortality Rate per 1,000 total live and stillbirths	Nil

	Brentwood		England & Wales	
	1960	1961	1960	1961
Maternal Mortality Rate	Nil	Nil	0.38	0.33

The Birth Rate has remained steady at a level which is fractionally below that for the whole country. The number of illegitimate births has dropped considerably, which is very gratifying. The Still-birth Rate remains steady but the Death Rate has risen slightly as compared with last year, although it is still low compared with the country as a whole.

The Infant Mortality Rate, I regret to say, has risen very considerably. Care should, however, be taken in construing these figures, as I pointed out in my Annual Report for 1960. Where small numbers of incidents are concerned, a small variation in actual numbers can cause a large variation in rate figures. This is seen dramatically in the Illegitimate Infant Mortality Rate. Last year there were no deaths in illegitimate infants under one year and, therefore, the rate was nil. This year there was one death and the rate has soared to 50.0. This is an extreme case contributed to by the drop in the numbers of illegitimate live births. I have, however, carried out a statistical survey of infant mortality in the Urban District for the past twelve years in an attempt to discover where the source of the increase lies.

Number of Deaths in Infants due to specific causes:—

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Congenital deformity	2	2	3	4	3	3	4	2	2	5	1	6
Prematurity	10	6	—	2	1	2	4	5	3	4	3	7
Birth injuries or difficulty	1	2	2	—	2	4	2	—	2	3	3	4
Infection	—	3	3	2	1	4	2	1	—	2	3	1
Accidental and other causes	1	1	1	1	2	1	—	—	—	—	2	—
Totals:	14	14	9	9	9	14	12	8	7	14	12	18

In order to reduce these figures to their true significance they must be viewed in the light of the increased Birth Rate over the years and, therefore, I present a table of Infant Mortality Rates due to each group of diseases for the same period:—

Infant Mortality Rates due to specific causes:—

	1950	1951	1952	1953	1954	1955	1956	1957	1958	1959	1960	1961
Congenital deformity	5.0	4.8	7.4	8.9	6.5	5.2	6.2	3.0	2.6	6.6	1.2	6.7
Prematurity	25.0	14.3	—	4.5	2.2	3.5	6.2	7.5	4.0	5.3	3.5	7.8
Birth injuries or difficulty	2.5	4.8	4.9	—	4.3	6.9	3.1	—	2.6	4.0	3.5	4.5
Infection	—	7.1	7.4	4.5	2.2	6.9	3.1	1.5	—	2.6	3.5	1.1
Accidental and other causes	2.5	2.4	2.5	2.2	4.3	1.7	—	—	—	—	2.4	—

It will be seen from this table that deaths due to accident and infection are diminishing, whereas deaths due to congenital deformity, prematurity and birth injuries show a very large variation from year to year. In the case of congenital deformity and birth injuries, one cannot trace any definite trend in the death rates, but I think that in the case of prematurity, one can say that there is a downward trend in the years under review. One concludes, therefore, that although there is a rise in the over all rate for 1961, it cannot be said that this should cause any undue anxiety in your minds. Bearing in mind the quite large variation which the above figures have shown, I fully expect that the Annual Report for 1962 will show a similar variation.

CAUSES OF DEATH

	Males	Females
Tuberculosis, respiratory	1	1
Measles	1	—
Other infective and parasitic diseases ...	—	2
Malignant neoplasm, stomach	2	7
Malignant neoplasm, lung bronchus	20	2
Malignant neoplasm, breast	—	11
Malignant neoplasm, uterus	—	5
Other malignant and lymphatic neoplasms ...	24	33
Leukaemia, aleukaemia	3	1
Diabetes	—	5
Vascular lesions of the nervous system ...	22	31
Coronary disease, angina	38	39
Hypertension with heart disease	2	4
Other heart diseases	28	67
Other circulatory diseases	11	11
Influenza	—	2
Pneumonia	28	37
Bronchitis	23	14
Other diseases of respiratory system ...	5	4
Ulcer of stomach and duodenum	1	—
Gastritis, enteritis and diarrhoea	1	2
Nephritis and Nephrosis	2	1
Congenital malformations	2	1
Other defined and ill-defined diseases	21	32
Motor vehicle accidents	6	2
All other accidents	3	10
Suicide	3	4
Homicide and operations of war	—	1
	<hr/> 247 <hr/>	<hr/> 329 <hr/>

Total Deaths for 1961 — 576

TABLE OF BIRTH AND DEATH RATES

Year	Population	Births	Corrected Birth Rate per 1,000		Corrected Death Rate per 1,000		Infant Mortality Rate per 1,000 live births	
			Population	Deaths	Population	Deaths	Population	Deaths
1956	41,030	656	14.32	482	9.64	22	18.29	
1957	42,330	661	15.00	413	8.20	14	12.10	
1958	44,170	749	15.93	488	9.27	7	9.34	
1959	46,270	754	15.31	530	9.39	11	18.56	
1960	47,450	847	16.6	532	9.30	12	14.17	
1961	49,580	887	16.64	576	10.2	18	20.29	

ANALYSIS OF NOTIFIABLE DISEASES UNDER AGE GROUPS

Diseases	Under 1 yr.	1—2	3—4	5—9	10—14	15—24	25—44	45—64	65 and over	TOTAL
Scarlet Fever	—	—	2	3	1	—	1	—	—	7
Whooping Cough	1	3	6	2	—	—	—	—	—	12
Measles	15	216	249	462	23	4	2	—	—	971
Infective Hepatitis	—	—	1	4	4	3	1	1	—	14
Dysentery	—	4	1	15	3	1	16	3	4	47
Food Poisoning	1	1	3	2	2	—	4	1	—	14
Pneumonia	—	1	1	3	—	—	1	5	4	15
Erysipelas	—	—	—	—	—	—	—	1	—	1
Puerperal pyrexia	—	—	—	—	—	2	1	—	—	3
Tuberculosis—respiratory	—	—	—	1	—	1	7	4	2	15
Tuberculosis—other forms	—	—	—	—	—	—	—	1	—	1
TOTALS	17	225	263	492	33	11	33	16	10	1,100

INFECTIOUS DISEASES

The following is a comparative table of notification of infectious diseases:—

					1961	1960
Scarlet Fever	...	...	...	...	7	16
Whooping Cough	...	...	...	...	12	172
Measles	...	...	...	...	971	40
Infective Hepatitis	...	...	...	...	14	2
Dysentery	...	...	...	...	47	90
Food Poisoning	...	...	...	...	14	9
Pneumonia	...	...	...	...	15	16
Erysipelas	...	...	...	...	1	1
Puerperal pyrexia	...	...	...	...	3	—
Tuberculosis—Respiratory	...	...	...	...	15	17
Tuberculosis—Other forms	...	...	...	...	1	—
					1,100	363

Scarlet Fever:

There has been a gratifying drop in the incidence of this disease over the past few years. The reason for this decline is not easy to define but may be the result of a combination of factors such as the use of antibiotics, better housing conditions, more public awareness of the principles of good hygiene and the construction of Schools which have good natural lighting and good ventilation. It is particularly pleasing that the number of Scarlet Fever victims should be decreasing at this time, as we may be now on the upswing of the cycle of virulence which characterises this disease.

From 1900 to 1950 there was a rise and fall in the incidence of this disease at intervals varying from five to nine years and there was also during those fifty years a steady drop in the mortality rate. At the turn of the century the mortality rate due to Scarlet Fever was over 100 deaths per million of the population. By 1950 it was down to one death per million. This steady decrease has nothing to do with present day treatments, as it commenced long before the discovery of even the Sulphonamide group of drugs.

This variation in mortality is called a secular variation and in the case of Scarlet Fever it shows a cycle of approximately fifty year phase. This has been known for some centuries and it is of interest to note that Sydenham, in the middle of the 17th Century, described Scarlet Fever as "This disease in name only, for it is little more, is easily cured without trouble or danger." Since then there have been at least two periods during which Scarlet Fever became a very virulent disease and it seems that the virulence declines during the first part of a century and steadily increases during the second part. It is worth remembering that during the years 1871 to 1880 the death rate for Scarlet Fever was 720 per million of the population.

It appears that we have now reached a particularly low level in the virulence of this disease and according to previous experience we should expect the other half of the cycle either to have begun or to begin shortly. It behoves us to treat our ancient enemies with respect although they may appear at this moment to be weak and of no danger to ourselves or our children.

Whooping Cough:

I am pleased to report that there has been a considerable drop in the numbers of Whooping Cough this year.

This is the smallest number of Whooping Cough notifications since 1958, and shares with that year the distinction of being the best year for this disease, since it was made notifiable, as a war-time measure, in 1940.

Measles:

As was expected the year under review turned out to be a very bad one for Measles. The epidemic began to develop in December, 1960, during which month there were twenty-four cases. The incidence rose steadily during the first four months of the year until it reached a peak in April, during which month 325 notifications were sent in. Following this, the incidence fell off quite rapidly and by August things were back to normal.

A careful watch was kept on this epidemic in an attempt to discover whether there were any foci of infection. It soon became apparent, however, that the disease was very widespread indeed and that the search for centres of infection was quite useless. The only method of control left was to endeavour to have children isolated at the first sign of the disease. Unfortunately the first signs of measles are very similar to those of the ordinary common cold and the disease is at its most infectious stage at this time. Although it was rather impracticable to expect parents to isolate all children who began to develop a "cold", I did advise Schools, and others who enquired, that all children who began to snuffle should be kept at home until it was certain that they did not have Measles.

It must not be forgotten that Measles can be a very serious condition to the young baby and to the child already debilitated by some other disease. It can be fatal, and the side effects and the results of secondary infection can be serious at any age. The present tendency to regard this disease as a harmless nuisance, to be treated as part of the process of growing up, is to be deplored.

MEASLES EPIDEMIC

(figures for six months period from December, 1960 to May, 1961)

	Dec.	Jan.	Feb.	March	April	May	Total
	1960	1961	1961	1961	1961	1961	
Romford Borough Council	150	216	632	909	263	137	2,307
Dagenham Borough Council	2	44	217	600	440	346	1,649
Chelmsford Borough Council	101	45	163	780	402	60	1,551
Hornchurch U.D.C.	8	73	438	819	966	583	2,887
Basildon U.D.C.	96	189	343	570	222	39	1,459
Brentwood U.D.C.	24	34	82	317	325	71	853
Chelmsford Rural	7	49	192	389	257	81	975
Epping/Ongar Rural	33	84	22	63	82	52	336
	421	734	2,089	4,447	2,957	1,369	12,017

Infective Hepatitis:

It will be seen in the table at the beginning of this section that there was an increase in the number of cases of this disease during 1961. This was mainly due to an outbreak which started in the Bishops Hall Estate in May. Cases occurred sporadically in the area right up to the end of the year and into the new year. This outbreak accounted for 13 of the cases in the district, but 3 of them were not notified. The total number for the year, therefore, was 17.

Control of this disease is made difficult by a number of factors, one of which is the length of the incubation period which may be some six weeks. The only practicable preventive measure is for an Inspector to visit the affected home to give advice on the special care necessary in food hygiene, and this was carried out in all cases. I think that it is fair to say that if this precaution had not been taken, the number of people affected would probably have been much higher.

Dysentery:

The numbers given for this disease in the accompanying table are inaccurate, as many of the cases which occurred in the district did not attend their family Doctor and were, therefore, not notified.

There was an outbreak at one of the Schools in the area during January and February of the year under review, which resulted, at one time, in 63 children being away from School. Investigation showed the causative organism to be *Shigella Sonnei* and, with the co-operation of the Divisional School Medical Officer, preventive measures were set in force which resulted in a levelling-off in numbers of children affected and eventually in stopping the outbreak altogether.

From March to July there were scattered cases of Sonne Dysentery all over the district. Outbreaks were limited to small family incidents, one family being infected at the beginning of March, and another one being infected twice, firstly at the end of April and again at the end of July.

Food Poisoning:

I have to report that the year 1961 showed another rise in the numbers of food poisoning cases notified in this Department. These cases were made up in the following way:—

There was one family outbreak which, on investigation, proved to be due to *Salmonella typhimurium*. Despite intensive search, the cause of the outbreak was never discovered and was probably a casual infection of some food eaten by a member or members of the family and which we were unable to sample.

This outbreak which started on the 29th September, 1961, proved to be particularly difficult to stop, although control was soon obtained, and I am pleased to say that there were no cases outside the immediate family circle. Clearance was not obtained for the last member of the family until the beginning of January, 1962, by which time a considerable amount of work had been put in by the members of this Department and by the family Doctors concerned. The disease was finally eradicated from the family by the use of a new antibiotic which was exhibited, following discussions with the Infectious Disease Consultant at Chadwell Heath Hospital.

There was in addition one single case of *Salmonella typhimurium*, and three family outbreaks and four single cases where investigation was either not indicated or did not reveal the causative organism.

There was an outbreak of food poisoning at one of the factories in the district which involved a number of the people working there. All the cases were mild and the outbreak was over in twenty-four hours, all those affected being back at work after that length of

time. Your Chief Public Health Inspector and I carried out bacteriological investigation of the food handlers in the factory, all of which proved negative. A thorough inspection of the kitchen and canteen facilities revealed no defects.

In view of the increase in the number of cases of this type of disease I feel that I must draw your attention to the need to keep the public informed of the dangers to which poor food hygiene exposes them. There is still a dangerously complacent attitude on the part of some members of the public and an unwillingness on the part of others to report practices in food shops and restaurants which are potentially dangerous. This attitude is encouraged by unwise publicity given to people who consider that, because they were lucky enough to survive the poor hygienic conditions which existed when they were children, any protection which we afford to children to-day is a sign of weakness.

Poliomyelitis:

There were no cases of Poliomyelitis in the district during 1961. There were, however, four cases which were admitted to Hospital originally as query Poliomyelitis, but investigations showed that they were suffering from virus meningitis.

Influenza:

It will be realised that, as Influenza is not a notifiable disease, it is difficult for the Health Department to keep any accurate statistics in regard to its incidence. The only way in which an impression can be gained of the progress of an epidemic of 'flu is by watching the statement issued by the Essex County Council of new claims to sickness benefit received by the Ministry of Pensions and National Insurance.

During non-epidemic times, a weekly return is supplied to this Department, giving the number of new applications for sickness benefit received from people resident in the Urban District. On the 30th January, 1961, the Manager of the Brentwood Branch of the Ministry of Pensions and National Insurance informed me that the number of new applications had reached 250% of normal summer average, and by the 8th February this had reached 391% of normal summer average. Of the number received 62% were due to 'flu and colds. By the 20th February, the percentage was down to 281% and only 56% of this number were due to 'flu and colds.

This method of following the course of an epidemic is not particularly satisfactory, and a case can be made out for Influenza to be included in the list of diseases for which notification is required.

Gastro-enteritis:

During the year there were three outbreaks of gastro-enteritis amongst schoolchildren in the Brentwood area. Despite frequent pathological testing, both for bacteria and viruses, the causative organism could not be discovered, and one had to come to the conclusion that these epidemics were due to an unknown virus. This, of course, made any epidemiological work almost impossible as it is very difficult to trace a source of infection if the organism responsible is not known. Reliance had, therefore, to be placed on the education of

all those in the schools in the principles of good hygiene, close inspection of the schools by the staff of my department, and the use where necessary, of hand washing and sterilizing with disinfectants. Control was successfully established in two of the outbreaks, but the third one proved very resistant indeed and recurred sporadically over a period of some months extending into the new year.

Tuberculosis:

I give below a report by the Chest Physician, Dr. E. Woolf. It will be seen that there were, once again, eleven new notifications of Tuberculosis from this source and a total of fifteen new cases were notified from all sources.

Once again I must impress on you that there seems to be no reduction in the number of new notifications from the Chest Clinic. The control of Tuberculosis cannot be said to be 100% effective until these new cases have been prevented.

	Respiratory			Non-Respiratory		
	M.	F.	C.	M.	F.	C.
Cases on Register as at 1.1.61	179	158	11	9	12	10
New notifications	7	4	—	—	1	—
Transfers in	19	13	2	—	2	—
Transfers out	7	6	—	1	1	—
Deaths	4	1	—	—	—	—
Lost sight of	2	—	—	—	—	1
Recovered	7	9	1	—	1	2
Total removed from Register	20	16	1	1	2	3
Cases on Register as at 31.12.61	185	159	12	8	13	7

Tuberculosis in Warley Hospital:

The following information has been supplied by Sir Geoffrey Nightingale, Bart.

"The health of the patients on the whole has remained excellent.. Tuberculosis remains a minor problem, with 14 male patients, nine of whom are active, and five female patients, one of whom is active. There were 4 admissions (2 male and 2 female) and 5 discharges (one has since died at the Marillac Hospital) but no other deaths.

Mass Miniature Radiography:

The Mass Radiography Unit from Broomfield Hospital, Chelmsford, held a survey in Brentwood from the 13th to the 20th September, 1961. The total number of people X-rayed during this survey was as follows:—

	Male	Female	Total
Organised sessions	403	252	655
Schoolchildren	296	303	599
Staff and others from St. Faith's	29	15	44
Public sessions	849	1,069	1,918
Doctor's case	1	—	1
	<hr/> 1,578 <hr/>	<hr/> 1,639 <hr/>	<hr/> 3,217 <hr/>

A further survey was carried out at the Rotary Hoes Factory in West Horndon during November, 1961, when 690 men and 98 women, a total of 788 persons, were X-rayed.

As a result of these surveys 69 persons were recalled for full-size film, and of these 4 were referred to the Chest Clinic. One case of carcinoma was discovered, but there were no cases of tuberculosis.

Tuberculosis After-Care Association:

The work of this voluntary organisation in providing extra food and nourishment for patients suffering from diseases of the chest continues as before. The Association is represented on the Brentwood Council of Social Service and it is hoped that this will result in greater publicity. These benefits are available not only for patients suffering from Tuberculosis but also for those suffering from other chronic chest conditions.

National Assistance Act, 1948:

There are no cases to report under this Act.

Laundry Service for the Incontinent:

This laundry service for incontinent patients is provided by the Urban District Council as a free service to the public under the provisions of the Public Health Act, 1936. It commenced on the 1st January, 1961, and during the year the service was extended to twelve patients. It was possible to keep the service going only through the help of the Engineer and Surveyor's Department and the Warley Hospital for whose co-operation I am very grateful.

Overcrowding:

There are no cases of Statutory overcrowding to report for 1961.

Home Safety Committee:

The following report has been received from Miss E. P. Turff, the Honorary Secretary of the Brentwood Home Safety Committee.

"1961 has been quite an eventful year. The Committee welcomed Dr. Dilwyn T. Jones, the new Medical Officer of Health, and Mr. W. Bacon was elected Vice-Chairman. Early in April we exhibited the model house in the Hobbies and Handicrafts Exhibition organised by The Round Table. The big event of the year was the putting of a float in the Brentwood Carnival on the 8th July, and in spite of a very wet day we were fortunate in gaining 2nd prize. The prize was £2. We hope by this particular effort to have gained plenty of publicity for the Home Safety Committee of Brentwood.

During the National Fire Prevention Week from the 30th October to the 4th November, 1961, we held an Exhibition in Cramphorn's old shop, 36, High Street, by kind permission of Messrs. Hilbery Chaplin and Company Limited, Romford. Various firms were kind enough to send display units and the Eastern Electricity Board supplied their own small exhibition together with lighting. Mence Smiths supplied all sorts and sizes of fire guards. This Exhibition was opened by the Chairman of the Council, Councillor G. C. Green and the Divisional Fire Officer, Mr. A. M. Harrison was also present on that occasion.

As a matter of interest, Mence Smiths informed the Committee that they had sold seventy fire guards during the week of the Exhibition."

Poisons Index:

In August, 1961, I reported to the Health and Sewerage Committee that a need existed for the compilation of a reliable and accurate poisons index to which reference could be made by Hospitals and family Doctors called to treat emergency cases of poisoning by commercial products made up of unknown constituents. As there was no indication at that time that a central index was contemplated, I proposed, and this was accepted by the Committee, that I should set up an index in Brentwood. Since then, however, the Ministry of Health, on the advice of the Standing Medical Advisory Committee, has set up an organisation to carry out this work centrally, and, therefore, the local project has been dropped.

Sewerage and Sewage Disposal:

Due to the rapid increase in the population of the district some of the sewage disposal facilities have become inadequate. Plans are, however, well in hand to rectify this position and work will begin on new projects at the earliest possible moment.

I give below a report which has been prepared by Mr. T. V. Martin, the Urban District Council's Engineer and Surveyor:—

"During the year, main drainage has been provided for the village of Herongate, which allows approximately 38 additional properties to be connected to the main sewerage system.

The scheme for the main drainage of part of the village of Great Warley is now awaiting final approval from the Ministry of Housing and Local Government to enable a start to be made during the Spring of next year.

The scheme for the extensions to the Shenfield and Hutton Sewage Disposal Works has now been completed and approximately £100,000 has been spent during the current year on these extensions, to meet the increase in population in the parishes of Shenfield and Hutton. The total cost of extending these works and providing trunk sewers, amounts to approximately £337,000.

A further major capital scheme is now in the course of preparation for the extension to the Lapwater Hall Sewage Disposal Works for the parish of Ingrave. Approval in principle has already been received from the Ministry of Housing and Local Government and it is hoped that tenders for the supply of specialised plant and machinery will be placed during the forthcoming months."

Common Lodging Houses:

There are no common lodging houses in the district.

Water Supply:

The sources of water supply for the Brentwood area remain the same as previously, and from information received from the South Essex Waterworks Company and the Southend Waterworks Company I can report as follows:—

- (a) The water supply of the area and of its several parts has been satisfactory both as to quality and quantity.

- (b) Bacteriological and chemical examinations are made of the raw water, and of the water going into supply. The South Essex Waterworks Company examines water in its various stages of treatment and the supply from the Company's wells. Analyses are also made of samples obtained from consumers' taps from various parts of the district and all proved to be satisfactory. The Company further reports that a total of 4,120 chemical, bacteriological and biological examinations have been made, and in addition samples are examined for radioactivity. The Southend Waterworks Company take regular daily samples for examination.
- (c) There is no plumbo-solvent action in the water from either Company.
- (d) No form of contamination has arisen in either case.
- (e) The number of dwellinghouses supplied as at the 31st December, 1961, by the South Essex Waterworks Company was 13,869, and the population in mid-1961, was 49,580. The number of dwellinghouses supplied by means of standpipes is not known. The Southend Waterworks Company supplied 749 dwellinghouses and a population of 2,694. No dwellinghouses were supplied by standpipes.

SECTION B

GENERAL PROVISIONS OF HEALTH SERVICES FOR THE AREA National Health Service Act, 1946

Part II—Hospital Services:

BRENTWOOD GROUP HOSPITAL MANAGEMENT COMMITTEE ANNUAL RETURN FOR YEAR ENDED 31st DECEMBER, 1961

	Brentwood	Maternity	Harold	High	St. Faiths	Total
	District	Home	Wood	Wood	& Alex. An.	
1.(a) Available staffed beds	62	14	380	134	375	965
(b) Temporarily unavailable staffed beds	—	—	—	25	—	25
2. Beds unused for lack of staff	—	—	28	50	—	78
Total Bed Complement 31.12.61	62	14	408	209	375	1,068
Average daily number of beds occupied	45.23	12.18	339.26	81.4	224.98	703.05
Number of discharges and deaths	1,574	408	5,674	353	156	8,165
				Chest Clinic		
Number of consultative Clinic sessions held	443	—	1,173	612	—	2,228
					Specialist Clinics	
(a) New Out-patients	2,959		7,885	938		11,782
					„	425

	Brentwood District	Maternity Home	Harold Wood	High Wood Chest Clinic	St. Faiths & Alex. An.	Total
(b) No. of Out-patient attendances	9,941		38,423	6,003		54,367
Casualty Department attendances	3,563		21,157		„	2,364
						24,720
Physiotherapy:					Specialist Clinics	
(a) New In-Patients	132	349	1,501	65		2,047
Attendances	1,309	948	28,076	3,001		33,334
(b) New Out-patients	1,235	205	1,369	331	156	3,296
Attendances	15,049	516	25,541	4,129	2,136	47,371
(c) Total treatments	28,856	2,080	72,917	12,408	2,421	118,682
Occupational Therapy:					St. Faith's	
(a) New In-Patients			427	50	4	481
Attendances			56,077	3,210	11,423	70,710
(b) New Out-Patients			181	23		204
Attendances			6,784	394		7,178
	Brentwood District	Harold Wood	High Wood	St. Faith's	Total	
Chiropody:						
(a) New In-Patients	—	34	—	6		40
Attendances	—	178	—	1,488		1,666
(b) New Out-Patients	—	25	—	—		25
Attendances	—	464	—	—		464
Electrocardiography:						
(a) New Patients	—	591	—	—		591
Attendances	—	1,441	—	—		1,441
Speech Therapy:						
(a) New In-Patients	—	7	—	—		7
Attendances	—	194	—	—		194
(b) New Out-Patients	—	24	—	—		24
Attendances	—	430	—	—		430
Surgical Appliances:						
(a) New Patients	393	560	—	—		953
Attendances	1,030	862	—	—		1,892
Audiometry:						
Attendances	—	—	204	—		204
Dietetics:						
Attendances	—	14,571	—	—		14,571
Othoptics:				Specialist Clinic		
Attendances	—	1,028	—	256		1,284
X-Ray Units:						
(a) In-Patients	531	17,065	559	—		18,155
(b) Out-Patients						
Out-Patients	11,625	31,483	—	—		43,108
Chest Clinic Work	—	—	6,628	—		6,628
Day Patients	—	141	—	—		—

Patients admitted to Harold Wood Hospital during 1961

District	Male	Female	Child	Total
Brentwood (including Herongate and Ingrave)	328	325	99	752
Shenfield and Hutton	142	149	78	369
Warley	19	18	4	41
Pilgrims Hatch and Doddinghurst	54	36	6	96
	<hr/> 543	<hr/> 528	<hr/> 187	<hr/> 1,258

WARLEY HOSPITAL

I have extracted the following information from the Annual Report of the Physician Superintendent at Warley Hospital:—

	Male	Female	Total
Number on Books as at 31.12.60	729	1,031	1,760
Number admitted during 1961	485	767	1,252
Number discharged and left during 1961	413	686	1,099
Transferred to other Hospitals	2	2	4
Died	51	121	172
Number on Books as at 31.12.61	748	989	1,737
Of these:—			
Under Section 29 Mental Health Act, 1959	—	—	—
Under Section 25 Mental Health Act, 1959	7	1	8
Under Section 26 Mental Health Act, 1959	35	38	73
Informal	706	950	1,656
Hospital Order Patients (Inc. in Sec. 25)	1	1	2

Direct admissions under Parts IV and V of the Mental Health Act, 1959

Section 29	268	
Section 25	27	
Section 26	22	
Section 60	2	
Section 73 (1)	1	Total 320
		<hr/>

Regradings etc., to Section 26

From Section 25	11	
From Section 29	3	Total 14
		<hr/>
From Section 73 (1)	1	
From Certified		
(at 1.4.61)	54	
From Informal	5	
Statutory re-admissions	1	Total 61
		<hr/>

It is again not possible to make a detailed comparison of the figures with those of 1960, owing to the different Acts in force in the two years. The total numbers as at 31st December, have fallen by 23 to 1,737, about which comment is made later in this report (the full report is on file in my office and is available should any member wish to read it). The admission rate of 1,252 is only 9 less than the previous year, while the deaths have risen by 2, though the proportion of women to men is somewhat higher.

23.6% of the admissions were on Compulsory Observation Orders (Sections 25 or 29) and 1.9% on Compulsory Treatment Orders (Section 26). All but 4.1% of the Observation admissions became Informal.

Deaths % :—

Male	6.8%	Average Age	Male 69.13	Female 74.21
Female	12.2%	Deaths over 70	„ 50.98%	„ 74.38%
Total	9.9%	Deaths 70/79 group	„ 39.21%	„ 39.67%

During the year there were 172 deaths, of which 45 were in the age group 65/74 years; 40 in age group 75/79 years; 42 in age group 80/89 years; and 6 aged 90 or over; thus a total of 133, 77.3% were over the age of 65 at death.

NATIONAL BLOOD TRANSFUSION SERVICE

I have received the following report from the Director of the North-East Metropolitan Regional Blood Transfusion Centre in Brentwood:—

“During 1961, regular blood donor sessions continued to be held at St. Thomas’ Parish Hall, Eastfield Road (off Queens Road, Brentwood), and the Royal Artillery T.A. Drill Hall, Chestnut Grove (at the rear of the White Hart Hotel, High Street). 1,080 Brentwood citizens came along to donor sessions on these premises during the year.

In addition, a number of local firms have generously allowed sessions to be arranged at their works, and as a result, a further 493 donors were able to give their services.

Even more volunteers are required to maintain this essential service. Those who are between the ages of 18 and 65, and are in good health, are invited to become blood donors and further information regarding the Service can be obtained from the Regional Donor Organiser, National Blood Transfusion Centre, Crescent Drive, Brentwood.”

Part III—Local Health Authority Services:

The following is a list of the Clinical Sessions provided by the South Essex Area Health Committee and held at the BRENTWOOD COMBINED TREATMENT CENTRE, 39 Queens Road, Brentwood, Essex. Telephone: Brentwood 1863.

Type of Service	Day and Time
Child Welfare	Monday afternoons, 2 p.m. till 4 p.m.
Immunisation and vaccination (Section 26)	1st Monday afternoon in the month
Dental Inspection	Monday afternoons, 2 p.m. till 3.30 p.m.
Midwives' Clinic	Tuesday afternoons
Minor Ailment (School Health Service)	Wednesday mornings
Relaxation Classes	Thursday afternoons
Ante-Natal and Women's Welfare (Section 22)	2nd and 4th Fridays, 9 a.m. till 11.30 a.m.
Ophthalmic Clinic (School Health Service)	By appointment only
Dental Treatment	By appointment only
Speech Therapy	By appointment only
Chiropody (for Old Age Pensioners and expectant mothers only)	By appointment only

The following is a list of Clinical Sessions provided at the THREE ARCH BRIDGE CLINIC, Cherry Avenue, Brentwood, Essex. Telephone: Brentwood 767.

Type of Service	Day and Time
Child Welfare (Nurse only)	Monday afternoons
Minor Ailment	1st, 3rd, and 5th Tuesday mornings in month.
Speech Therapy	By appointment only.
Child Welfare (Doctor in attendance)	Wednesday afternoons (1st and 3rd in month).
Immunisation, including polio vaccination	Thursday afternoons (3rd in month).
Women's Welfare	Friday mornings (1st and 3rd in month).

The following is a list of Clinical Sessions provided at the HUTTON CLINIC, Coram Green, Hutton, Essex. Telephone: Brentwood 6182.

Type of Service	Day and Time
Midwives Clinic	1st and 3rd Mondays from 3 p.m. till 4 p.m.
Relaxation Classes	Tuesday mornings 10 a.m. till 12 noon.
Infant Welfare (Health Visitor only)	Tuesday afternoons 2 p.m. till 4 p.m.
Minor Ailment (Doctor in attendance)	Wednesday mornings 9.30 - 11.30 a.m.
Infant Welfare (Doctor in attendance)	Wednesday afternoons 2 p.m. till 4 p.m.
Midwives Ante-Natal	Thursday afternoons 3 p.m. till 4.30 p.m.

Subsidiary Centres:

Bentley Child Welfare (Doctor in attendance) held at the Bentley Village Club	1st and 3rd Thursday afternoons in the month.
Childerditch Clinic (held at Little Warley School)	1st and 3rd Thursdays in the month.
South Weald Clinic (held at 85 London Road)	2nd and 4th Tuesdays in the month.
West Horndon Clinic (held in the Canteen of Rotary Hoes Ltd., but at the Village Hall after the 1st January, 1962)	2nd and 4th Thursdays in the month.

The Area Medical Officer, Dr. R D.. Pearce, has been kind enough to let me have some statistics on the number of people seen at the Brentwood Foot Clinic and the number of people given various protective immunisations during the year:—

Brentwood Foot Clinic:	New Patients—Adults	37
	Children	10
	Attendances — Adults	2,390
	Children	264
	Number of Sessions	356
Diphtheria Immunisation:	Number of Domiciliary visits	702
	Attendances —Primary	330
	Booster	623
Whooping Cough Immunisation:	Attendances —Primary	163
	Booster	4
Combined Diphtheria/Pertussis Injections:	Attendances —Primary	780
	Booster	171

Vaccination against Smallpox:	Attendances —	Vaccinated	891
		Re-vaccinated	255
B.C.G. Vaccination:	Attendances —	Tuberculin	
		Tested	443
		Number received	
		B.C.G.	413
Poliomyelitis Vaccination:	Attendances —	Primary	2,807
		3rd injections	2,498
		4th injections	3,588

The County Ambulance Service:

The ambulance service is centrally administered and is the responsibility of the Essex County Council. Dr. G. G. Stewart, the County Medical Officer of Health, has kindly provided the following information:—

Stretcher cases	...	...	1,690
Other cases	...	...	19,074
Total cases conveyed	...	...	20,764
Total mileage	...	...	111,589
Total emergency cases	...	...	1,150
Ambulance vehicles	...	...	2
Dual Purpose vehicles	...	...	3

SECTION C

DEPARTMENT OF THE CHIEF PUBLIC INSPECTOR

Inspection of Area:	Inspec- tions	Re-inspec- tions
Housing Acts, 1936-1957 (Demolition or Closure)	26	195
Housing Act, 1957. Section 9. (Repair of Housing Defects)	15	230
Housing Acts (Overcrowding)	10	4
Public Health Act, 1936 (Remedy of Sanitary Defects)	108	408
Housing Acts—Improvement Grants	48	401
Housing Acts—Standard Grants	4	36
Housing Inquiries (Re grants, etc.)	98	—
Public Health Act (General)	181	148
Infectious Disease	214	175
Food Poisoning Investigation	17	13
Verminous or Dirty Premises	14	20
Disinfestation (Pests, etc.)	49	17
Water Supplies	22	19
Drainage and Sewerage	215	253
Cesspools and Pail Closets	39	64
Ponds, ditches, etc.	60	79

Inspection of Area:**Inspection
tions****Re-inspec-
tions**

Keeping of swine, fowl, etc.	45	19
Accumulation of Refuse	18	20
Refuse Tips	114	—
Rats and Mice (General)	315	695
Rats and Mice (Sewer Baiting)	24	—
Factories (Power)	109	—
Factories (Non-Power)	4	—
Outworkers	18	—
Shops Act	21	—
Hairdressers Premises	6	—
Massage Establishments	3	—
Moveable Dwellings	18	33
Swimming Bath Visits	24	2
Swimming Bath Samples	19	—
Diseases of Animals Act (Waste Foods Order)	30	4
Clean Air Act, 1956	387	9
Smoke Observations	10	—
Schools (Washing and Sanitary Facilities)	17	12
Miscellaneous Visits	486	2
Miscellaneous Interviews	27	—
Agriculture Act, 1956 (Safety, Health and Welfare)	22	1
Mosquito Control	39	—
Disinfection	2	1
Cinema (Sanitary Accommodation) ...	1	1
Polio Survey	29	—
Noise Abatement Act	8	2
Chest X-ray Publicity Visits	90	—
	<hr/> 3,006	<hr/> 2,863
Number of Complaints Received ... ..	...	594

FOOD PREMISES AND FOOD INSPECTION

The inspection of food premises continued to occupy a good deal of the time of the Public Health Inspectors.

Inspections were made as shown in the table below. Generally the standard of food premises was, with some few difficult exceptions, satisfactory and it was not necessary to take any proceedings under the Food Hygiene Regulations during the year. The proper education of the food handler, however, remains a perennial problem and too much time cannot be spent on this aspect of the Regulations.

FOOD INSPECTION

Number of Visits Made

Slaughterhouses	...	...	...	...	...	72
Meat Shops	...	...	...	...	...	69
Fried Fish Shops	...	...	...	...	...	19
Other Food Shops	...	...	...	...	...	206
Cafes, etc.	...	...	...	...	...	111
Licensed Premises	...	...	...	...	...	80
Ice-cream Premises	...	...	...	...	...	96
Dairies and Milk Shops	...	...	...	...	...	38
Food Factories	...	...	...	...	...	5
Bakehouses	...	...	...	...	...	34
Canteens (School)	...	...	...	...	...	33
Canteens (Factory)	...	...	...	...	...	13
Canteens (Institutional)	...	...	...	...	...	13
Mobile Shops	...	...	...	...	...	3
Milk and Ice-cream Vehicles	...	...	...	...	...	15
Samples (Milk)	...	...	...	...	...	48
Samples (Ice-cream)	...	...	...	...	...	48
Samples (Water)	...	...	...	...	...	13
						916

Milk Supplies:—

Two new registrations in respect of the sale of milk were made, but the issuing of licences under the Milk (Special Designations) Regulations, 1960, which was hitherto the responsibility of the District Council, was carried out by the Essex County Council. Twenty-four Distributors within the Urban District were so licensed by the County Council.

Dairies and milk shops in the area were visited and the usual monthly check samples were taken from various roundsmen and submitted for bacteriological examination. The result of these were as set out below, from which it will be seen that only one such sample was unsatisfactory:—

Pasteurised Milk:

Number of samples taken	...	...	...	29
Number of samples satisfactory	...	...	...	28

Sterilised Milk:

Number of samples taken	...	...	...	3
Number of samples satisfactory	...	...	...	3

Tuberculin Tested (Pasteurised):

Number of samples taken	...	...	...	7
Number of samples satisfactory	...	...	...	7

Tuberculin Tested:

Number of samples taken	...	...	...	9
Number of samples satisfactory	...	...	...	9

Ice-Cream Samples:

Ninety-six visits were made to ice-cream premises during the course of the year and forty-eight samples were taken.

The results of these were as set out below:—

Number of samples taken	...	...	...	...	48
Number of samples satisfactory	...	...	...	...	48

Unsound Food:

The total amount of food condemned during the course of the year was:—

1 ton 5 cwt. 3 qrs. 8 lbs.

MEAT INSPECTION

Carcases and offal inspected and condemned in whole or in part.

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed and inspected	68	—	—	104	139	—

All diseases except Tuberculosis and Cysticerci:

Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	17	—	—	6	20	—
Percentage of the number inspected affected with disease other than T.B. or Cysticerci	25%	—	—	5.77%	14.39%	—

Tuberculosis only:

Whole carcasses condemned	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	—	—	—	—	6	—
Percentage of the number inspected affected with Tuberculosis	—	—	—	—	4.32%	—

Cysticercosis:

Carcases of which some part or organ was condemned ...	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	1	—	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

Slaughterhouses:

During the course of the year both small private slaughterhouses failed to make the necessary arrangements to comply with the appropriate regulations to enable them to remain licenced and accordingly both ceased to operate. No applications were received from either licensee in respect of the year 1961. It is expected that application will be made during the year 1962 for the licensing of a large private abattoir proposed to be erected at Little Warley.

Until the closure of the two private slaughterhouses above mentioned, one hundred per cent. meat inspection was carried out, all of which was done during normal working hours with the ready co-operation of the licensees concerned.

It is interesting to note that no case of tuberculosis was found amongst the 68 cattle inspected. In all of the six cases of tuberculosis found in pigs the disease was localised in the head alone. Only one case of cysticercosis was found, located in the head of a bullock.

Water Sampling:

Regular sampling of the two main sources of public supply was again carried out. The results of all samples were satisfactory, both chemically and bacteriologically.

Swimming Baths:

Regular check samples were taken from schools and the public swimming baths. The result of these are set out below:—

	No. of samples taken	No. of samples satisfactory
Brentwood U.D.C. Public Swimming Bath	9	9
Brentwood School	3	3
Brentwood Girls' County High School	3	3
Ursuline High School for Girls	4	3

Moveable Dwellings:

The control of these has become essentially a Town Planning matter so far as the area of the Urban District is concerned. The site at "Creaseys Farm" has now been almost "run down" as the bulk of the occupants have now been housed in permanent dwellings. The comparatively few moveable dwellings situated on individual sites did not present any real public health problem.

PREVENTION OF DAMAGE BY PESTS ACT, 1949 RAT AND MICE DESTRUCTION

It will be seen that the number of visits made under this heading once again increased during the year and it is evident that the public are aware of the necessity for rat destruction. Once again a free service was maintained in respect of domestic premises and it is anticipated that a full-time Rodent Operative must shortly be appointed to take some of the burden of this work from the District Public Health Inspectors.

CLEAN AIR ACT, 1956

Owing to the numerous other duties in the Department progress under the above Act was much slower than is desirable. It is hoped to declare at least one more smoke control area of some 500 houses or so, during 1962, and the work of surveying additional areas will proceed as time and staffing requirements permit.

HOUSING

Somewhat better progress was made during the year in regard to the demolition of individual unfit houses, 27 houses being demolished.

Some 103 houses were made fit as the result of notices served by the Department, although there was often a considerable and undesirable time lag between the service of the notices and the actual execution of the necessary works.

Much time was again spent in dealing with applications for Improvement and Standard Grants and with enquiries in respect of these.

Since the Council first decided to make grants, over 220 of these have been made and dealt with in the Public Health Department.

It remains to be said that the Urban District still contains too many old houses, lacking modern amenities, but the development of the district is proceeding apace and there is an increasing tendency for developers to deal with the problem by pulling down numerous old houses and rebuilding to a better overall plan. Surprisingly they seem in many cases to deal with any rehousing problems involved themselves, and from a public health angle the overall effect is, of course, all to the good. Every year, however, it seems that a certain number of houses cross the line and become no longer repairable at reasonable cost. The demolition or closure of these houses then creates a further housing need which presents a continuing problem, as it is difficult to assess the number of such cases which require to be dealt with annually.

HOUSING STATISTICS

Houses in clearance areas and unfit houses elsewhere:

(a) Houses demolished during year:

In clearance areas	Nil
Not in clearance areas. (As a result of formal or informal procedure under Section 17(i) Housing Act, 1957)	27

(b) Unfit Houses closed during the year:

Under Section 16(4), 17(1) and 35(1) Housing Act, 1957	8
Parts of Buildings closed	1

(c) Unfit Houses made fit and Houses in which defects were remedied:

(a) After informal action by Local Authority ...	88
(b) After formal notice under:	
(i) Public Health Acts	8
(ii) Sections 9 and 16 Housing Act, 1957 ...	7

(d) Unfit Houses in temporary use Nil

(e) Purchase of Houses by agreement Nil

THE ADMINISTRATION OF THE FACTORIES ACT, 1937

(1) INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

Premises (1)	Number on Register (2)	Inspections (3)	Number of:		Occupiers prosecuted (5)
			Written notices (4)		
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	10	4	1		Nil
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	122	109	10		Nil
(iii) Other Premises in which Section 7 is enforced by the Local Authority (ex- cluding out-workers' premises) ...	1	1	—		Nil
Total:	133	114	11		Nil

(2) Cases in which DEFECTS were found.

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particular	Number of cases in which defects were found			Number of cases in which prosecutions were instituted	
	Found Remedied	Referred		Inspector	Inspector
		(2)	(3)			(4)	(5)
(1)	(2)	(3)	(4)	(5)	(6)
Want of cleanliness (S.1) ...	4	4	—	1	Nil
Overcrowding (S.2) ...	—	—	—	—	Nil
Unreasonable temperature (S.3) ...	—	—	—	—	Nil
Inadequate ventilation (S.4) ...	—	—	—	—	Nil
Ineffective drainage of floors (S.6) ...	—	—	—	—	Nil
Sanitary Conveniences (S.7)					
(a) Insufficient ...	1	—	—	—	Nil
(b) Unsuitable or defective ...	3	2	—	—	Nil
(c) Not separate for sexes ...	1	—	—	—	Nil
Other Offences against the Act (not including offences relating to Outwork) ...	8	3	—	—	Nil
Total:	17	9	—	1	Nil

